

Small Business/Self Employed (SBSE) Application for Temporary Reemployment of IRS Retirees

1. Contact Information

Name _____

Address _____

a. Day Phone _____ b. Evening Phone _____ c. Cell Phone _____

d. E-mail _____

2. Retirement Information: (Required by OPM – will be requested upon offer of employment)

a. Date of Birth _____

b. Date of Retirement _____ c. Retirement Claim Number _____

3. Education:

For Revenue Agent/Tax Compliance Officers –

Please provide the number of hours of Accounting from accredited College or University: _____

4. CPA: ☐ Yes ☐ No

5. Employment History

Last Three Position(s) held (List last to first)	Date of Position held (i.e. 1/1/09 to 12/31/09)	Business Unit/Division (i.e. LMSB, SB/SE, TE/GE, Counsel)	Specialties (i.e. Field, Int'l CAS, Excise, etc.)	Series Highest grade held for position shown (i.e. GS-13/ step 10)	Last rating (i.e. distinguished, outstanding, etc.)

a. For the last position held, please provide:

Team Mgr. Name _____

Team Mgr. Post-of-Duty (City/State) _____

Territory Mgr. Name _____

Your last Post of Duty _____

b. Please check if you attended: ☐ CITC/BITC (Classroom/Basic Instructor Training) ☐ Course Writer

c. Please provide:

- Date and name of last class taught _____
- Date and title of last course development project _____
- Other qualifying experience _____

6. Indication of Applicant's Interest (please check all that apply):

a. I am interested in: ☐ Instructor ☐ Course writer

b. Instructor for: ☐ Revenue Agent ☐ Revenue Officer ☐ Tax Compliance Officer

c. Course writer for: ☐ Revenue Agent ☐ Revenue Officer ☐ Tax Compliance Officer

d. Areas of Expertise:

Revenue Agent: ☐ Sole Proprietorships ☐ Corporations
 ☐ Partnerships ☐ S Corporations

Other _____

Revenue Officer: ☐ Basic Collection Training

Other _____

Tax Compliance Officer: ☐ Individual Tax Returns

Other _____

e. I have experience in:

<input type="checkbox"/> CENTRA	<input type="checkbox"/> INFO Mapping
<input type="checkbox"/> Data Base	<input type="checkbox"/> Excel
<input type="checkbox"/> IMS	<input type="checkbox"/> Lexis
<input type="checkbox"/> Power Point	<input type="checkbox"/> CCH
<input type="checkbox"/> RGS	<input type="checkbox"/> ICS
<input type="checkbox"/> ATFR	<input type="checkbox"/> West-Law

Other _____

7. First date available _____

8. Annuity (please check one – Required by OPM): ☐ I am ☐ I am NOT willing to accept the identified position(s) without receiving a waiver of annuity offset.

Signature (Original Signature will be required upon offer of employment)

Date

Please Fax to 949-389-5011 or send to IRS 24000 Avila Rd stop 1120, Laguna Niguel, CA 92677